

**APPLICATION INSTRUCTIONS FOR  
PROFESSIONAL and PRACTICAL NURSE, CERTIFIED NURSING ASSISTANT REINSTATEMENT**

**Processing may take up to 2-3 months after submitting application before a permanent license can be issued.**

**OPTIONAL** - If you want confirmation of the date that your application has been received by ASBN complete the enclosed postcard with your name/address and **postage**. Receipt of a postcard indicates that your application was received and **does not** reflect the status or any Board decision on your application. **Unstamped postcards will not be mailed.**

Pursuant to R4-19-404 B, 1, 2, 3(a) (b), in the Arizona Nurse Practice Act:

A **RN/LPN** whose license to practice nursing has been voluntarily surrendered, denied, or revoked in accordance with A.R.S. §32-1663 may make application to the Board after a period of five years subsequent to the date the license was voluntarily surrendered, revoked, or denied for the reinstatement of a license under following terms and conditions:

1. An application shall be submitted in writing, verified under oath shall contain therein or have attached thereto substantial evidence that the basis for denial or revocation has been removed and that the issuance of license will no longer constitute a threat to the public health or safety. The Board may require physical, psychological, or psychiatric evaluations, reports, and affidavits. These conditions shall be met before an application is considered.
2. The Board shall consider the application and may designate a time for the applicant to appear at a regularly scheduled meeting of the Board so the evidence of qualification and competency to practice can be presented.
3. After reviewing the evidence and deliberating the matter, the Board may:
  - a. Grant the RN/LPN applicant a temporary license to complete a refresher course and a specified period of supervised practice. On completion of the supervised practice period, the Board shall consider the evaluation of the applicant's performance and shall approve or deny the application or extend the period of supervised practice.
  - b. Deny reinstatement of RN/LPN license. An applicant who is denied reinstatement of a license may request a hearing by filing a written request within 30 days of service (date denial was mailed) of the Board's Order denying reinstatement of licensure. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6.

A **CNA** whose certificate has been revoked or denied, in accordance with A.R.S. §32-1663, may reapply to the Board after a period of five years from the date the certificate or application is revoked or denied. A nursing assistant who voluntarily surrenders a nursing assistant certificate may reapply to the Board after no less than three years from the date the certificate is surrendered. The Board shall issue or reinstate a nursing assistant certificate under the following terms and conditions:

1. An applicant shall submit documentation showing that the basis for denial, revocation or voluntary surrender has been removed and that the issuance or reinstatement of nursing assistant certification will no longer constitute a threat to the public health or safety. The Board may require an applicant to be tested for competency or retake and successfully complete a Board approved training program and pass the required examination.
2. The Board shall consider the application and may designate a time for the applicant to address the Board at a regularly scheduled meeting.
3. After considering the application, the Board may:
  - a. Grant nursing assistant certification, or
  - b. Deny the application.
4. An applicant who is denied issuance or reinstatement of nursing assistant certification may request a hearing by filing a written request with the Board within 30 days of service (date denial was mailed) of the Board's order denying issuance or reinstatement of nursing assistant certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6.

## **FEES**

- The RN/LPN application fee is \$150.00 and the fingerprint fee is \$43.00 for a total of \$193.00.
- The CNA application fee is \$75.00.
- Fees may be paid by money order or check. All personal checks **must** be pre-printed with your name, address and made payable to the Arizona State Board of Nursing.
- All fees submitted must be in US dollars. Be sure to check your Board order to confirm when you are eligible to apply for reinstatement. **Fees are NOT refundable.**
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.
- A \$50.00 fee will be charged for checks returned because of insufficient funds.

**FELONY CONVICTIONS:** Pursuant to A.R.S. § 32-1606(B) (17) & A.R.S. § 32-1646 (B), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

**REPORTING OF CRIMINAL CHARGES:** Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available on [www.azbn.gov](http://www.azbn.gov).

**FINGERPRINTING:** Pursuant to A.R.S. § 32-1606(B) (15), each applicant for initial licensure/certification is required to submit a full set of fingerprints with the completed application. It can take 2-3 months to receive fingerprint results from the FBI. You cannot receive permanent licensure/certification until these results are received.

## **TIME FRAMES FOR LICENSURE:**

The Board is required to process applications for licensure within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- |   |  |
|---|--|
| • Administrative completeness time frame: | The number of days from receipt of an application until the Board determines that the application is complete.   |
| • Substantive review time frame:          | The number of days following the administrative completeness time frame during which the Board determines whether the applicant <u>should</u> be licensed.   |
| • Deficiency notice:                      | Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.  |
| Time to respond:                          | <b>The table below specifies the number of days an applicant has to respond to a deficiency notice.</b>  |
| • Comprehensive written request:          | A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  |
| Time to respond:                          | <b>The table below specifies the number of days an applicant has to respond to a comprehensive written request.</b>  |
| • Overall time period:                    | The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request. |

## **LICENSING TIME FRAMES TABLE**

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION Reinstatement	R4-19-404	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION Reinstatement	R4-19-404	270 days	30 days	270 days	240 days	150 days

**Please NOTE:** When you submit an application, the Board will send you a deficiency notice for more information regarding the time-frames for licensure, consult A.A.C. R4-19-102. For assistance with the application process for licensure, call Paula Delphy 602-889-5192, or Helen Tay 602-889-5189. If you fail to respond to a deficiency notice within the applicable time-period, your application will be considered withdrawn and the application packet will be returned. If you are still interested in obtaining licensure, you must submit a new application and applicable fees.

**ARIZONA STATE BOARD OF NURSING**

4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653  
(602) 889-5150 FAX (602) 889-5155  
Email: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Website: [www.azbn.gov](http://www.azbn.gov)

**APPLICATION FOR REINSTATEMENT**

☐ RN    ☐ LPN    ☐ CNA

**PLEASE NOTE:**

- Type or use black ink only
- A fingerprint card must be included
- Check instructions for appropriate fee

First Name

First

Middle

Maiden

LAST NAME

Last

Social Security Number

Disclosure is Mandatory

Birth Date

Former Name(s)

Mailing Address

Street Address

City

State

ZIP

AREA CODE &amp; TELEPHONE NO.

COUNTY

Current Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employed From: \_\_\_\_\_

Position: \_\_\_\_\_

Previous Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

☐ NOT EMPLOYED**FOR OFFICIAL USE ONLY**

NCNET CHECK

LICENSE #: \_\_\_\_\_

DATE REINSTATED: \_\_\_\_\_

Education	Name of School and Location	Graduation Date	Degree (Diploma, AA, BS, MS)
High School	Name:		
	City: State Zip		
Nursing School/ CNA Program	Name:		
	City: State Zip		
College/University	Name:		
	City: State Zip		

List all states in which you have been or are currently licensed/certified in:

State	License #/ Certificate #	Active/Inactive	State	License # Certificate #	Active/Inactive
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**The following 2 questions must be answered completely in order to process your application.**

- Are you currently under investigation or is disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ NO ☐ YES If yes, **include** with your application a detailed explanation and a copy of the paperwork regarding current investigation or pending disciplinary action.

**Before answering the next question, read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

- Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had deferred prosecution or deferred sentence in any **felony** or undesignated offense?

☐ NO ☐ YES If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the sentence for each felony conviction has been **COMPLETED** or provide proof that the conviction was designated a misdemeanor.

Additional documents that must be submitted for the investigative process will include the following:

If the reason for revocation/voluntary surrender was based on physical abuse or verbal abuse, submit:

- Psychological evaluations with psychometric testing.
- Records of mental health counseling.
- Evidence of completed course work or counseling on issues that would impact abusive behavior.
- Letters of recommendation from current employers.

If the reason for revocation/voluntary surrender was based on clinical practice issues, submit:

- Skills evaluations.
- Proof of completion of course work in areas of questioned competence.
- Proof of intention to enroll in a refresher course if licensed.

If the reason for revocation/voluntary surrender was based on sexual misconduct, submit:

- Current evaluation by a treatment professional with specific expertise in evaluations and treatment of sexual misconduct. Evaluation to delineate type of misconduct (predatory vs non-predatory).
- Proof of counseling completed specific to sexual misbehavior.
- Evidence of cognition by the applicant of the misconduct and acceptance of responsibility for acts committed.
- Estimated probability of recidivism of such acts.

If the reason for revocation/voluntary surrender involved chemical dependency, submit:

- Evidence of a least two years of documented sobriety and recovery activities to include chemical dependency rehabilitation and aftercare, 12 step attendance with sponsor, urine drug screen.

### **AFFIDAVIT**

The undersigned being duly sworn declares that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and the rules of the Arizona Board of Nursing; that he/she has read and understands this affidavit; that he/she understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **JURAT**

State of \_\_\_\_\_ )

) **SS**

County of \_\_\_\_\_ )

\_\_\_\_\_ personally appeared before me, and under oath, swears that the  
NAME  
statements made in this document and all attachments are true and correct this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES



## ***RN/LPN/CNA Reinstatement Applicants***

SAVE YOURSELF TIME  
AND FRUSTRATION...

Check these areas **before** returning your application.

**ALL BLANKS MUST BE COMPLETED**

- ☐ Your application is in black ink
- ☐ You entered **name changes**: Complete the first section on page 1 **only** if you changed your name
  - ☐ If your name changed, please include a copy of an official document showing your **previous** name (i.e. birth certificate, social security card, diploma from school **and** a copy of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card)
- ☐ Home Address/Primary Residence –i.e., this is the address for where you vote, or pay taxes or obtain a drivers license
- ☐ You answered **ALL QUESTIONS**
- ☐ You enclosed additional documents with your application that are required
- ☐ You signed & enclosed a check (**pre-printed with your name & address**) or money order for the ***correct*** fees

Read the instructions for more details on these reminders.

Thank you!

### **ABBREVIATIONS OF STATES & TERRITORIES**

AL	ALABAMA	MT	MONTANA
AK	ALASKA	NE	NEBRASKA
AS	AM. SAMOA	NV	NEVADA
AZ	ARIZONA	NH	NEW HAMPSHIRE
AR	ARKANSAS	NJ	NEW JERSEY
CA	CALIFORNIA	NM	NEW MEXICO
CO	COLORADO	NY	NEW YORK
CT	CONNECTICUT	NC	NO. CAROLINA
DE	DELAWARE	ND	NO. DAKOTA
FL	FLORIDA	OH	OHIO
DC	WASHINGTON DC	OK	OKLAHOMA
GA	GEORGIA	OR	OREGON
HI	HAWAII	PA	PENNSYLVANIA
ID	IDAHO	PR	PUERTO RICO
IL	ILLINOIS	RI	RHODE ISLAND
IN	INDIANA	SC	SO. CAROLINA
IA	IOWA	SD	SO. DAKOTA
KS	KANSAS	TN	TENNESSEE
KY	KENTUCKY	TX	TEXAS
LA	LOUISIANA	UT	UTAH
ME	MAINE	VT	VERMONT
MD	MARYLAND	VI	VIRGIN ISLANDS
MA	MASSACHUSETTS	VA	VIRGINIA
MI	MICHIGAN	WA	WASHINGTON
MN	MINNESOTA	WV	WEST VIRGINIA
MP	NO. MARIANA IS.	WI	WISCONSIN
MS	MISSISSIPPI	WY	WYOMING
MO	MISSOURI		

**Effective January 1, 2008, based on Federal and State Laws, all applicants must provide evidence of citizenship or nationality.**

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

If the Board has received your application after 1/1/08, and the application did not ask you a question about citizenship, you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.

**ARIZONA STATE BOARD OF NURSING**  
**ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS**

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

**SECTION I – APPLICANT INFORMATION**

Applicant's Name (Print or type) \_\_\_\_\_ Date: \_\_\_\_\_

Type of Application (check one)    ☐ Initial Application    ☐ Renewal

Type of License/Certification:    ☐ RN    ☐ LPN    ☐ CNA    ☐ AP    ☐ CRNA    ☐ SN

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Directions: Attach a legible copy of the front and back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality.

Name of document provided: \_\_\_\_\_

Are you a citizen or national of the United States? (Check one)    ☐ YES    ☐ NO

If the answer is "YES", where were you born? List city, state (or equivalent), and country/territory.

City: \_\_\_\_\_ State (or equivalent): \_\_\_\_\_ Country/Territory: \_\_\_\_\_

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front and back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501.

Name of document provided: \_\_\_\_\_

**"Qualified Alien" Status (8 U.S.C. § 1621 (a) (1), - 1641 (b) and (c))**

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration & Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212 (d) (5) of the INA.
- ☐ E. An alien whose deportation is being withheld under Section 243 (h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203 (a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501 (e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the U.S.

**Nonimmigrant Status (8 U.S.C. § 1621 (a) (2))**

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 *et seq.*] Nonimmigrant is persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101 (a) (15).

**Alien Paroled into the United States for less than One Year (8 U.S.C. § 1621 (a) (3))**

- ☐ J. An alien paroled into the United states for less than one year under Section 212 (d) (5) of the INA



**Other Persons (8 U.S.C. § 1621 (c) (2) (A) and (C))**

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ M. A foreign national not physically present in the United States.

**Otherwise Lawfully Present (A.R.S. § 1-501)**

- ☐ N. A person not described in categories 1-13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make person who fall into this category ineligible for licensure. See 8 U.S.C. § 1621 9a).**

<b>SECTION IV - DECLARATION</b>
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**All applicants must complete this section.** I declare under penalty of perjury under the laws of the State of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**Attachment: Lists A and B Evidence of U.S. Citizenship, U.S. National Status, or Alien Status**

**REMINDER:  
DON'T FORGET TO  
ENCLOSE COPY  
OF DOCUMENTATION**

## **ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS**

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

### **LIST A**

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence:**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

**f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

## **LIST B**

### **Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.**

#### **a. “Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

##### ***Alien Lawfully admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

##### ***Asylee***

- \*Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

##### ***Refugee***

- \*Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;

##### ***Alien Paroled Into the U.S. for at Least One Year***

- \*Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

##### ***Alien Whose Deportation or Removal was withheld***

- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- \*Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

##### ***Alien Granted Conditional Entry***

- \*Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A3”.

##### ***Cuban/Haitian Entrant***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on \*Form I-94 with the Code CU6 or CU7; or
- \*Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

##### ***Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

#### **b. Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- \*Form I-94 with stamp showing authorized admission as nonimmigrant

#### **c. Alien Paroled into U.S. for less than One year**

- \*Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA